



Alabama Department of Public Health
Bureau of Health Promotion and Chronic Disease
P. O. Box 303017 • Montgomery, Alabama 36130 • 334-206-3977 • www.adph.org/cvh

HOME BLOOD PRESSURE MONITORING AGREEMENT

Responsible Party Name: _____ Date: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Cell Phone: _____

Best Time(s) to Call (Circle days and write times):

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

Start Date: _____ End Date: _____

ALL ITEMS MUST BE RETURNED CLEAN AND IN ACCEPTABLE CONDITION AS WHEN FIRST ASSIGNED UNLESS INSTRUCTED RETURNS NOT NECESSARY

- I agree to self-monitor my blood pressure (BP) for the purposes of reaching my established hypertension goal of less than _____/_____ mm Hg following the Seventh Report of the Joint National Committee on Systolic (top) / Diastolic (bottom) Prevention, Detection, Evaluation, and Treatment of High BP (JNC7) Guidelines, and JNC8 Recommendations.
- I agree to check my BP at least once weekly, and document my BP reading in the heart360.org website. I will notify my coach or mentor if I need help entering my BP into this website.
- I agree to allow a representative to contact me by telephone to review my BP readings. At that time, education may be provided related to hypertension. The education provided by this coach or mentor does not constitute a medical diagnosis and is for educational purposes only.
- If my BP is dangerously high, I need to contact my regular physician for follow up and possible medication changes. Anything above 180/110 mm Hg is considered an emergency. Call 9-1-1 immediately. If 9-1-1 is not available, have someone drive you to the nearest emergency facility immediately.
- The BP monitor I am receiving today is to be used for my own personal use at home. I will not attempt to use this monitor for personal or monetary gain.
- Limitation of Liability – In no event will _____ organization or its employees be liable to the patient for any incident or injury, indirect or consequential damages, however caused, by negligence or otherwise.
- Indemnity – The patient agrees to protect, indemnify and hold harmless _____ organization or its employees from and against all claims, damages, and costs including legal expenses arising out of patient's use of the equipment. I agree that I have been instructed on how to use the equipment and take full responsibility for the proper use and care of the equipment during the monitoring period so that it is returned in the same condition as when received.

Patient's Signature: _____ Date: _____

Organization Representative: _____ Date: _____